Correspondence

Because of heavy pressure on our space, correspondents are asked to keep their letters short.

Post-operative Penicillin in the Septic Hand

SIR,—I was interested to read Dr. John Anderson's article (*Journal*, December 27, p. 1569) on this subject. I would agree with his main conclusion that careful and timely surgery takes pride of place in the treatment of infected hands rather than long-continued courses of antibiotics. I regret, however, that he has not made use of my work on the use of penicillin in the treatment of infected hands.[1 2] The same principles have been further elaborated by Lowden.[3] By operating upon infections of the hand with a large concentration of penicillin in the circulation at the time of operation, and allowing the penicillin to enter the abscess cavity by breaking the granulation lining, infection is obliterated rapidly.

I pointed out in a letter[4] that the healing of infected hands depends more on the amount of tissue and/or epithelial destruction. The times of healing in different series are difficult to compare. In paronychia, however, comparison is very much easier. In over 1,000 cases treated by the methods I have described, the healing time was an average of four days. This is a very significant difference from the average of nine days in Dr. Anderson's series and minimizes the waywardness of some patients which he deplores. It has never been found necessary to remove any part of the nail, even when pus is lying under it.

All operations on distal parts of fingers are carried out here under local anaesthetic on the lines suggested by Pilcher.[5] In a teaching hospital I suggest that this technique should be perfected and demonstrated to students. If subsequently these students practise in areas relatively remote from hospitals, they will then be able to treat these cases single-handed without trouble.—I am, etc.,

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REFERENCES

[1] Ellis, M., *Lancet*, 1951, **1**, 1038.
[2] *Pye's Surgical Handicraft*, 1956, chapter 56, pp. 474–481, ed. H. Bailey. Bristol.
[3] Lowden, T. G., *The Casualty Department*, 1955. Edinburgh.
[4] Ellis, M., *Lancet*, 1952, **1**, 613.
[5] Pilcher, R. S., Dawson, R. L. G., Milstein, B. B., and Riddell, A. G., ibid., 1948, **1**, 777.

Mental Health Bill

SIR,—I have read many reviews of the Mental Health Bill in the medical and lay press (*Journal*, January 10, p. 103), but am surprised that no comment has yet been made on the onerous duties which are to be thrust on management committees. Under Section 32(2) they will have to pass judgment on the two medical recommendations for compulsory admission within 14 days and take action if these are considered inappropriate; under Section 38(1) the managers will have to deal with an alteration of diagnosis; under Section 43(3) they will have to judge the efficacy of a medical recommendation to continue detention; under Section 44(2) the managers must decide whether a medical recommendation justifies the detention of a psychopath after the age of 25. In the past such duties have been performed by members of the Board of Control who were experts in law and psychiatry. With all due respect to members of management committees, will they have the time or the knowledge to carefully consider each document and make the vitally responsible decisions in an expert manner?

The public needed a scapegoat for the shortcomings of the mental health service, and the Board of Control served as a useful body at which to sling mud, but I wonder whether, in due course, management committees will not suffer similarly. The Board of Control had at least the advantage of expert experience, distance, and objectivity, whereas local bodies will soon be accused of partiality because they "know" the doctors concerned making the various recommendations.—I am, etc.,

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SIR,—The Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency[1] recommends a change in the nomenclature for the classification of mental defect. In effect it suggests that the present grades of idiot, imbecile, feebleminded person, and moral defective be replaced by two groups—the severely subnormal, which would consist of the first two groups, and a psychopathic group to include all patients at present classified in the latter two groups. The terms of the recently published Mental Health Bill have modified this nomenclature and substituted three gradations of mental defect—the severely subnormal, the subnormal, and the psychopaths (see *Journal*, January 10, p. 103). It is, however, dubious if this proposed terminology will be any more acceptable to parents than the old, and I suggest that a more realistic and acceptable classification of the intellectually under-equipped would be: (*a*) The severely retarded—comprising the present idiots and imbeciles; (*b*) the retarded—comprising the "garden variety" feeble-minded; and (*c*) retarded persons with psychopathic tendencies—comprising some of the criminal and unstable feebleminded and the moral defectives.

Though notoriously difficult to define, most psychiatrists have some fairly uniform concept of what constitutes a psychopathic personality. It would be unwise, and lead to further confusion, if the ordinary body of feebleminded persons were added to this already ill-defined group. The two groups are in no way comparable, and differ not only diagnostically but also in their response to training and treatment.

In an attempt to investigate the extent of the psychopathic problem in a population of resident defectives, an investigation was undertaken at the Langdon Extension of the Royal Western Counties Hospital Group. This unit, with 525 beds, is considered representative of the average mixed mental deficiency colony.

After deducting those under the age of 16 with an I.Q. below 38, who cannot fairly be considered in a discussion on psychopaths, there remained 314 patients. Of these, 48 males and 11 females were admitted under Section 8 and 9 of the Mental Deficiency Acts—that is, they had been before the court or in prison. Not all of them are psychopaths, however; most are ordinary feebleminded persons who happen to have been in conflict with the law. Those who would be diagnosed as psychopaths by ordinary psychiatric criteria may be classified as aggressive personalities 4, sex deviants 14, and antisocial personalities 10. A few of these 28 "true psychopaths" were ordinary admissions and had not been admitted under Sections 8 and 9.